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PROCESS RECEIPT AND RETURN **United States Marshals Service**

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PLAINTIFF UNITED STATES OF AMERICA					COURT CASE NUMBER Criminal No. 05-1849				
DEFENDANT Dana Jarvis, et al. (Manuel V. Gil-Vazquez)				7	TYPE OF PRO Notice of			Pendens	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SELVE OR CONDEMN 5 19 1								
DER L	Lot 41-A and Lot 41-B of Moriarty Estates Subdivision, Torrance Co New Mexico								
AT	ADDRESS (Street or RFI	27	<u>:</u> .						
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW					, l	Number of process to be served with this Form - 285			
Stephen R. Kotz, Ass't United States Attorney Office of the United States Attorney PO Box 123					į.	Number of parties to be served in this case			
Alhuquerque, NM 87103					'	Check for service on U.S.A.			
Numbers, and Es	RUCTIONS OR OTHER timated Times Available	: For Service)		z - :	• •			Address, All Telephone	
Please file the attached two Notice of Lis Pendens with the <u>Torrance County Clerk</u> as soon as possible.									
Return filed Lis Pendens for filing with the court.							•		
					1	TELEPHONE NUMBER		DATE	
					ITIFF IDANT ((505) 224-1464 September 29, 200		September 29, 2005	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE									
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) Total Process District of Origin No No No				ict to Serve Sign:	nature of Authorized USMS Deputy or Clerk Park 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address inserted below.									
I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).									
Name and title of individual served (If not shown above).					: :	A person of suitable age and discretion then residing in the defendant's usual place of abode.			
Address (complete only if different than shown above)						Date of Service	_ I.	ime am	
						9/30/0		400 (pm)	
						Signature of U.S.	Marshal or-Deput	<u> </u>	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance I	Deposits	Amount Owed to	OUS Marshal or	Amount of Refund	
REMARKS: DOCS FILE?									
98					•				
10				•	ν.				
PRIOR EDITIONS	MAY	Make (5) copie	e when for	m is sianed		-	<u> </u>		

BE USED

SEND CRIGINAL + 4 COPIES to USMS. Copy #5 for your file. FORM USM 285 (Rev. 12/15/80)